

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

10 593181

9.15.06

CLAIMS

	AS FILED		AFTER		AFTER	
	1 st AMENDMENT		2 nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS			25		26	

	AS FILED		AFTER		AFTER	
	1 st AMENDMENT		2 nd AMENDMENT			
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